

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:	Date of SBE Approval of Grant Criteria 8/12/2008												
<div style="display: flex; justify-content: space-between;"><div>2008--2009 <small>(year) (year)</small></div><div>IDEA, Part B Mandated Activities Projects <small>(title)</small></div></div> <div style="margin-top: 5px;">Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation</div> <div style="margin-top: 5px;">Legislation Authorizing This Grant Program: P.L. 108-446 Individuals with Disabilities Education Act (IDEA 2004)</div> <div style="margin-top: 5px; display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> Federal Grant: CFDA Number <u>84.027A</u> Foundation)</div><div><input type="checkbox"/> State Aid Grant: Section Number _____</div><div><input type="checkbox"/> Other (Private,</div></div>													
2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.): This grant supports the SBE Priorities and the requirements under IDEA by providing information dissemination, training, and technical assistance as well as personnel development for improvement of instruction for students with disabilities, using evidence-based interventions and practices in several areas, including: compliance and monitoring, mediation, literacy and behavior interventions, and training and technical assistance for autism, transition services, and family involvement, to improve achievement for students with disabilities.													
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">3. Background/Purpose of Grant Program: To provide assistance and support to the Office of Special Education and Early Intervention Services in conducting the regulatory and administrative activities required under IDEA 2004; provide a web-based system that will provide to local districts a data manager to track required student involvement in special education programs and services; provide statewide mediation and transition services; provide information and technical assistance; and provide a statewide system of support and information for parents and families.</div><div style="width: 35%;">Type of Grant Program: (check one) <input checked="" type="checkbox"/> Competitive <input type="checkbox"/> Formula <input type="checkbox"/> Other: (specify below)</div></div>													
4. Target Population to be Served by Grant: Infants and toddlers, students with disabilities, and their families.													
5. Eligible Applicants: The grantees currently holding the award.													
<table style="width: 100%; border: none;"><tr><td style="width: 25%;">6. Award Information:</td><td style="width: 25%;">Amendment Date(s): _____</td><td style="width: 25%;">Amendment Amount(s): \$ _____</td><td style="width: 25%;">Total Recommended Award to Date: _____</td></tr><tr><td>Original Award Date: <u>10/01/08</u></td><td>_____</td><td>\$ _____</td><td><u>\$16,448,000</u></td></tr><tr><td>Original Award Amount: <u>\$16,448,000</u></td><td>_____</td><td>\$ _____</td><td></td></tr></table>		6. Award Information:	Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: _____	Original Award Date: <u>10/01/08</u>	_____	\$ _____	<u>\$16,448,000</u>	Original Award Amount: <u>\$16,448,000</u>	_____	\$ _____	
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<div>This Form Was Prepared by: Beth Home</div> <div>Phone Number: 32949</div> <div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div>													

SEP 26 2008

15656

DEPUTY SUPERINTENDENT
CHIEF ACADEMIC OFFICER

8. OFFICE

Office Director Approval Signature: _____

Date: _____

Phone: 5-0455

Comments: _____

9. GRANTS OFFICE

Grants Office Approval Signature: _____

Date: _____

Comments: _____

☐ Exhibit A Not Required☒ Exhibit B Not Required**10. DEPUTY SUPERINTENDENT**

Deputy Superintendent Approval Signature: _____

Date: _____

Comments: _____

11. SUPERINTENDENT

Superintendent Approval Signature: _____

Date: _____

Comments: _____

INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 9-11.
- B. Attach three (3) sets of Exhibits A and B (one original and 2 copies). Do not staple the pink form nor the originals of Exhibits A and B.
- Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested and the amount Recommended to be funded.
- Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grants Administration and Coordination Unit.

Note: This process takes, on average, two weeks from the time the packet with the Office Director's signature on it is delivered to the Grants Office, until the time the fully signed packet is routed to the person administering the grant program. This time varies depending upon the number of corrections that are necessary and the availability of all of the signers. It can take longer particularly around holiday times when the signers may be out of the office. Proofread and plan accordingly.

**2008-2009 Mandated Activities
Under Individuals with Disabilities Education Act (IDEA 2004), Part B
Applicants Recommended for Funding**

1. Compliance Information System (CIS)

<u>Recipient</u>	<u>Amount Recommended</u>
CORE Education and Consulting Solutions, Inc.	\$2,350,000
Interagency Information Systems	\$650,000
Total Amount Recommended	\$3,000,000

2. Comprehensive System for Personnel Development (Child Find)

<u>Recipient</u>	<u>Amount Recommended</u>
Clinton Co. RESA	\$200,000

3. Continuous Improvement and Monitoring System (CIMS)

<u>Recipient</u>	<u>Amount Recommended</u>
Livingston ESA	\$3,100,000

4. Dispute Resolution

<u>Recipient</u>	<u>Amount Recommended</u>
Dispute Resolution Association of Michigan	\$475,000

5. Integrated Behavior and Learning Support

<u>Recipient</u>	<u>Amount Recommended</u>
Macomb ISD	\$3,200,000
(Ottawa ISD and Kalamazoo RESA collaborating ISDs)	

6. State Performance Plan Development and Implementation Grant

<u>Recipient</u>	<u>Amount Recommended</u>
Marquette-Alger RESA	\$2,925,000
The Arc Michigan	\$400,000
Total Amount Recommended	\$3,325,000

7. Statewide Autism Resources and Training (START) Center

<u>Recipient</u>	<u>Amount Recommended</u>
Grand Valley State University	\$1,400,000

8. Technical Assistance for Transition Services

<u>Recipient</u>	<u>Amount Recommended</u>
Ionia ISD	\$1,200,000

9. Training and Technical Assistance for Family Involvement

<u>Recipient</u>	<u>Amount Recommended</u>
The Arc Michigan	\$548,000

Grand Total Amount Recommended
\$16,448,000